

FILED FEB 24 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 498

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME Annie Giragna

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pasquale 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased December 24 1887
(Month) (Day) (Year)

8. AGE: 54 Years Months 0 Days 21 If less than one day hr. min.

9. Birthplace Unknown - Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name (Unknown)
13. Birthplace (Unknown)
(City, town, or county) (State or foreign country)
14. Maiden name (Unknown)
15. Birthplace (Unknown)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vera Allen
(b) Address 1310 Simpler St.
17. (a) Burial (b) Date thereof Jan. 19 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Miceli - Son
(b) Address 1150 N. Kingshighway Blvd

19. (a) 1942 (b) J. F. Brudick
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1509 North 17th street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1942 hour 3:55 minute P. M.

21. I hereby certify that I attended the deceased from January 8, 1942 to January 15, 1942
that I last saw her alive on January 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular thrombosis Rt. middle cerebral artery Duration 18 days
Due to syphilis C.M.S.
Due to Essential hypertension

Other conditions Ex. cephalitis
(Include pregnancy within 3 months of death)

Major findings: Of operations Refused
Of autopsy Refused
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature Dr. M. M. M. (M. P. other)
Address 1515 Lafayette Ave. Date signed 1/16/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

P. O. Address. *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.